<b>AGENCY</b>	NAME:
AGENCY	CODE:

$\overline{\mathbf{SC}}$	Governor	's School	for the	Arts	and	Humanities
					-	

H630

SECTION:

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## Fiscal Year 2019-20 Agency Budget Plan

Jane 20 Jan				<del></del>			
	FORM A - BUDGET	PLAN S	SUMM	ARY			
OPERATING REQUESTS (FORM B1)	For FY 2019-20, my agency is (mark "X"):  X Requesting General Fund Appropriations. Requesting Federal/Other Authorization. Not requesting any changes.						
Non-Recurring Requests (Form B2)	For FY 2019-20, my agency is (mark "X"):  X Requesting Non-Recurring Appropriations. Requesting Non-Recurring Federal/Other Authorization. Not requesting any changes.						
CAPITAL REQUESTS (FORM C)	For FY 2019-20, my agency is (mark "X"):  X Requesting funding for Capital Projects. Not requesting any changes.						
PROVISOS (FORM D)	For FY 2019-20, my agency is (mark "X"):  Requesting a new proviso and/or substantive changes to existing provisos.  Only requesting technical proviso changes (such as date references).  X Not requesting any proviso changes.						
Please identify your ag	ency's preferred contacts for this yea	ır's budget	process	·			
PRIMARY CONTACT:	John J. Warner VP Finance and Administration	<i>Phone</i> 864 282 3738		<i>Email</i> johnwarner@scgsah.org			
SECONDARY CONTACT:	Dr. Cedric L. Adderley President	864 282 3785		cadderley@scgsah.org			
I have reviewed and ap the extent of my knowl	oproved the enclosed FY 2019-20 A edge.	gency Bud	lget Plar	n, which is complete and accurate to			
	Agency Divector			Board or Commission Chair			
SIGN/DATE:	Cedin to Children	ley	0	lad Prosser			
TYPE/PRINT NAME:	Dr. Cedric L. Adderley		Chad Prosser				

This form must be signed by the agency head - not a delegate.